

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1458

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 1109, Central

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. 1109 Central St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James S. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cherokee County, Kansas (STATE OR COUNTRY) 2

13. NAME William Lumbley

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

15. MAIDEN NAME Mary Corbie

16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY)

17. INFORMANT Fay Jones (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Kla.

St. B. Cemetery - Miami DATE 19

19. UNDERTAKER Lanpheer Mortuary (ADDRESS) 1302 Joplin St. Joplin, Mo.

20. FILED 114 1932 U. Olson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931, to Jan. 11, 1932

I last saw her alive on Jan. 11, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1/11/32

82A
82D S2W

Other contributory causes of importance:

Paralysis of lower extremities 12/30/29

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Chemical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 12/30/29

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓ Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Ed S. James M. D. (Signed) Trusdell Joplin (Address)

